Tenancy Application Form

Please be advised that this application will only be processed once ALL details have been completed and all copies of all supporting documents attached. Each applicant must submit an individual form.

PROPERTY DETAILS

Address of Property:							
Lease commencement date:		Lease tern	n:		Rent per week:		
Department of Housing bond?		Yes		No	Do you have your D.O.H paperwork?	Yes	No
Number and type of pets:							

Names of all other occupants for the property (please note anyone over the age of 18 will require an application, even if not going on the lease they will become an approved occupant:

Names and ages of any children to occupy the property:

PERSONAL DETAILS

Given Name(s):	Surname:
Current Address:	
Mobile:	Work Phone:
Email:	Date of Birth:
Drivers Licence No:	Drivers Licence State:

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Given Name(s):		Surname:	
Relationship:			
Address:			
Phone:	Mobile:		Email:

CURRENT TENANCY DETAILS

Length of time at current address:	Rent Paid:
Reason for leaving:	
Name of Landlord / Agent:	Phone:
Email of Landlord (if applicable)	
Are you listed on the lease?	



PREVIOUS RENTAL HISTORY 1

Previous Address:				
Length of time at above address:	From	to	Rent Paid:	
Name of Landlord / Agent:			Phone:	
Was Bond refunded in full?			□ Yes	🗆 No
If No, please specify reasons why:				

PREVIOUS RENTAL HISTORY 2 (IF ABOVE TENANCY'S ARE LESS THAN 6 MONTHS)

Previous Address:				
Length of time at above address:	From	to	Rent Paid:	
Name of Landlord / Agent:			Phone:	
Was Bond refunded in full?			□ Yes	🗆 No
If No, please specify reasons why:				

CURRENT EMPLOYMENT DETAILS - Please advise payroll or HR we will be contacting them

Occupation:	Current Employer:
Work Place Address:	
Contact Name (payroll / manager):	Contact Number:
Length of Employment:	Net Income weekly or fortnightly (please circle): \$

SELF EMPLOYMENT DETAILS

Company Name:	Business Type:			
Business Address:				
Position Held:	ABN:			
Accountant Name:	Phone:			
Accountant Address:				
Please note for self-employed we need at least 6 months of Company Financials				

OTHER INCOME

Centrelink fortnightly income (Please ensure income statement is attached): \$

Other income, please specify and have proof of income:

PREVIOUS EMPLOYMENT (IF CURRENT EMPLOYMENT IS LESS THAN 6 MONTHS)

Occupation:		Previous Employer:
Employer's Address:		
Contact Name (payroll / manager):		Contact Number:
Length of Employment:	From	to

STUDENT INFORMATION

Place of Study:	Course Name:
Course Length:	Enrolment / Student No:
Campus Contact:	Contact Number:
Course Co-ordinator:	Contact Number:

REFEREES – please advise referees they will be contacted and ensure they are <u>not related</u>

Personal referee:	Relationship:
Phone:	Mobile:
Personal referee:	Relationship:
Phone:	Mobile:

I have read, agreed to and understood all of the above terms and conditions that are relevant to me.

App	licant Name	Signature	Date
CC	DNSENT		
l the 1. 2. 3.		in personal information about me. I also authory tenancy default database to which it subsc	nt to collect information about me from: orize the Agent to disclose details about any defaults by me under cribes including Tenancy Information Centre of Australia (TICA),
	, , ,	ion collected about me to the owner of the pr	roperty even if the owner is resident outside Australia and to any nts and tenancy default databases.
pers Ray Age sucl rece	sonal information it has collected about me to utility. White Connect disclosing confirmation details (inc nt accepts any responsibility for: any delay in, or fa o delay or failure. The Agent has a commercial rela	y service providers for that purpose and to ob luding NMI, MIRN and telephone number) to ailure to arrange or provide for, any connecti itionship with Ray White Connect. I acknowl	sconnection services, I consent to Ray White Connect disclosing otain confirmation of the connection or disconnection. I consent to the Agent. I acknowledge that neither Ray White Connect nor the ion or disconnection of a utility, or for any loss in connection with ledge that Ray White Connect, the Agent and its employees may rvice. There is no charge to me for the Ray White Connect service;
A	pplicant Name	Signature	Date

PRIVACY STATEMENT

PRIVACY DISCLOSURE STATEMENT

We are an independently owned and operated business. We are bound by the National Privacy Principles. We collect personal information about you in this form to assess your application for a residential tenancy. We may need to collect information about you from your previous landlords or letting agents, your current or previous employer and your referees. Your consent to us collecting this information is set out below. We may disclose personal information about you to the owner of the property to which this application relates. If this application is successful we may disclose your details to service providers relevant to the tenancy relationship including maintenance contractors and owner's insurers. We may also send personal information about you to the owners of any other properties at your request. You have the right to access personal information that we hold about you by contacting our privacy officer. If you do not complete this form or do not sign the consent below then your application for a residential tenancy may not be considered by the owner of the relevant property or, if considered, may be rejected.

DECLARATION

I, the Applicant, hereby offer to rent the property from the owner under a lease to be prepared by the Agent. Should this application be approved, I acknowledge that I will be required to pay the following amounts:

<pre>\$ rent per week, or \$ rent per calendar month</pre>	١
First payment of rent in advance:	\$
Rental Bond	\$
Tenant's share of cost of preparing tenancy agreement (if applicable)	\$
Subtotal	\$
Less Holding Deposit/Fee (if applicable):	\$
Amount payable upon signing Tenancy Agreement:	\$

I acknowledge that this application is subject to the approval of the owner. I declare that all information contained in this application is true and correct and given of my own free will. I declare that I have inspected the premises and am satisfied with the current condition and cleanliness of the property.

Applicant Name

Signature

Date

OFFICE USE ONLY – PHOTO ID REQUIRED

100 POINT IDENTIFICATION CHECK - The following identification has been photocopied and is attached to this application

Item	ô	Points	Initial		Ô	Points	Initial
Drivers License		40		Medicare Card		20	
Passport		40		Bank Debit/Credit Card		20	
Birth Certificate		40		Bank/ Centrelink Statement		20	
Current Wage Advice		30		Utility Bill		20	
Other Photo ID		20		Previous 2 Rent Receipts		20	

Receivers Name